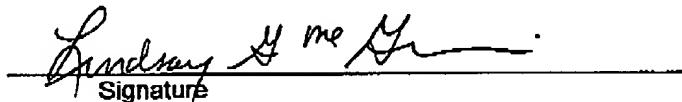


RECEIVED  
CENTRAL FAX CENTER

NOV 28 2005

**Serial No. 09/660370****Docket: 120-244****CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the  
United States Patent and Trademark Office at number (571) 273-8300

11/28/2005  
\_\_\_\_\_  
Signature

Lindsay G. McGuinness  
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal x 2 2 pages  
Amendment 16 pages  
TOTAL PAGES Including cover 19 pages

Please type a plus sign (+) inside this box → 

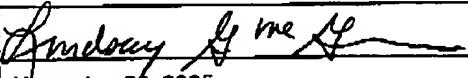
PTO/SB/21 (08-00)

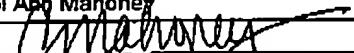
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/660370
		Filing Date	09/12/2000
		First Named Inventor	Hardjono
		Group Art Unit	2134
		Examiner Name	Tran
Total Number of Pages in This Submission		Attorney Docket Number	120-244 2204/A55
		Nortel Ref.	BA0472

<b>ENCLOSURES (check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) and letter <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<b>Please charge any fee deficiency or credit any overpayment to Deposit Account No. 502569.</b>

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Lindsay G. McGuinness, Reg. No. 38,549 Steubing McGuinness & Manaras LLP
Signature	
Date	November 28, 2005

<b>CERTIFICATE OF MAILING OR FACSIMILE</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 33212 or being facsimile transmitted to the United States Patent and Trademark Office at number (571) 273-8300 on the date below:			
Type or printed name	Carol Ann Mahoney		
Signature		Date	November 28, 2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → 

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/660370
Filing Date	09/12/2000
First Named Inventor	Hardjono
Group Art Unit	2134
Examiner Name	Tran
Total Number of Pages in This Submission	1
	Attorney Docket Number 120-244 2204/A55 Nortel Ref: BA0472

RECEIVED

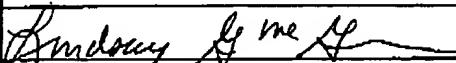
CENTRAL FAX CENTER

NOV 28 2005

## ENCLOSURES (check all that apply)

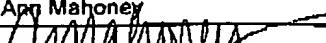
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) and letter	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks <b>Please charge any fee deficiency or credit any overpayment to Deposit Account No. 502569.</b>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lindsay G. McGuinness, Reg. No. 38,549 Steubing McGuinness & Manaras LLP
Signature	
Date	November 28, 2005

## CERTIFICATE OF MAILING OR FACSIMILE

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 33212 or being facsimile transmitted to the United States Patent and Trademark Office at number (571) 273-8300 on the date below:

Type or printed name	Carol Ann Mahoney
Signature	
Date	November 28, 2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED  
CENTRAL FAX CENTER

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

NOV 28 2005

Applicant(s): Hardjono

Application No.: 09/660370

Filed: 09/12/2000

Title: System, Device and Method for Controlling  
Access in a Multicast Communication Network

Attorney Docket No.: 2204/A55 120-244

Nortel: BA0472

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Group Art Unit: 2134

Examiner: Tran

RESPONSE UNDER 37 CFR 1.111

Dear Sir:

In response to the Office Action of August 26, 2005, please amend this application as follows: